Document Description: Petition to withdraw attorney or agent (SB83)

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	Application Number	10/567,317		
REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Filing Date	August 5, 2004		
	First Named Inventor	Alan E. JONES		
	Art Unit	2618		
	Examiner Name	H. Nguyen		
	Attorney Docket Number	562492006600		

Please withdraw me as attorney or agent for the above identified patent application, and all the practitioners of record; the practitioners (with registration numbers) of record listed on the attached paper(s); or x the practitioners of record associated with Customer Number: 25226 NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number. The reason(s) for this request are those described in 37 CFR: 10.40(b)(1) 10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iii) 10.40(c)(1)(iii) 10.40(c)(1)(iii) 10.40(c)(1)(iii) 10.40(c)(2) 10.40(c)(3) 10.40(c)(4) Certifications Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved. 1. x I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment. 2. x I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled. 3. x I/We have notified the client of any responses that may be due and the time frame within which the client must respond. Please provide an explanation, if necessary: The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer.	To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
the practitioners (with registration numbers) of record listed on the attached paper(s); or X	Please withdraw me as attorney or agent for the above identified patent application, and								
X the practitioners of record associated with Customer Number: 25226	all the practitioners of record;								
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10.40(b)(1)									
10.40(c)(1)(i)	The reason(s) for this request are those described in 37 CFR:								
10.40(c)(1)(v)	10.40(b)(1) 10.40(b)(2) 10.40(b)(3) x 10.40(b)(4)								
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Certifications Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved. 1.	10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)								
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved. 1.	10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:								
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved. 1.									
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

AND CHANGE OF CORRESPONDENCE ADDRESS								
Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.								
Change the	correspondence addre	ss and direct all futu	ıre co	rrespondence t	to:			
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I am authorized to sign on behalf of myself and all withdrawing practitioners.								
Signature Robert Salkburg								
Name	Robert A. Saltzbe	erg Z	3		Re	gistration No.	36,910	
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Date	August 27, 2009				Tel	ephone No.	(415) 268-6428	
NOTE: Withdrawal is effective when approved rather than when received.								